



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**RN REPEAT EXAMINATION APPLICATION**

Missouri State Board of Nursing  
P.O. Box 656  
Jefferson City, MO 65102-0656  
(573) 751-0681  
Text Telephone (TT) 1-800-735-2966 (Hearing Impaired)  
Website: <http://pr.mo.gov>  
Email: [nursing@pr.mo.gov](mailto:nursing@pr.mo.gov)

**RN-REPEAT-X**

**FOR STATE BOARD USE ONLY**

CASE NUMBER	APPROVED	LAWFUL PRESENCE	LAWFUL PRESENCE EXP. DATE	NURSIS	MEMO
BACKGROUND CHECK	PRE-LICENSE NUMBER	LICENSE NUMBER	DEPOSIT DATE	<input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> M.O.	DEEMED ELIGIBLE: INITIALS DATE

Place a checkmark in the shaded area below for changes/notes on application. See note section for clarification.

<p><b>INSTRUCTIONS</b>  Complete the information on the front &amp; back of this form, sign in presence of a notary public and return along <b>with a \$40.00</b> fee to (fee is non-refundable)   Application fee is non-refundable. Application is retired and void if requirements for licensure are not met within one year from the date that the application was notarized and a new application and fee will need to be submitted to be considered for licensure.</p>
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**APPLICANT INFORMATION**

NAME (LAST, FIRST, MIDDLE)		
PREVIOUS OR OTHER NAMES		
PRIMARY RESIDENCE (WHERE YOU VOTE, PAY FEDERAL TAXES, OBTAIN A DRIVER'S LICENSE) - PHYSICAL ADDRESS REQUIRED, <b>PO BOXES ARE NOT ACCEPTABLE</b>		
CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT THAN PRIMARY RESIDENCE) STREET OR PO BOX		
CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER (MANDATORY, USED FOR IDENTIFICATION PURPOSES ONLY)	DATE OF BIRTH MONTH DAY YEAR	
TELEPHONE NUMBER (HOME)	TELEPHONE NUMBER (WORK)	
INTERNET E-MAIL ADDRESS	MOTHER'S MAIDEN LAST NAME	
SCHOOL OF NURSING	DATE OF GRADUATION	
DATE(S) OF ALL PREVIOUS NCLEX-RN (SBTPE) EXAMINATION(S) WRITTEN		

**\*Primary Residence** means the State of a person's declared fixed permanent and principal home for legal purposes; domicile. The following items could be requested as proof of primary state of residence; driver's license, voter registration card, federal income tax return.

**SCREENING QUESTIONS**

<b>ABSOLUTE AND COMPLETE CANDOR IS REQUIRED. IF YOU ARE IN DOUBT WHETHER OR NOT TO REPORT, YOU SHOULD REPORT IT.</b>	
1. Have you ever been denied a professional license, multistate license, certification, registration or permit? <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever had any privilege to practice, professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action? <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
3a. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program? <b>IF YES, PROVIDE A WRITTEN NOTARIZED EXPLANATION INCLUDING THE STATE, DATES AND REASON FOR PARTICIPATION.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
3b. Have you ever been terminated from an alternative to discipline, diversion, or a peer assistance program due to unsuccessful completion? <b>IF YES, PROVIDE A WRITTEN NOTARIZED EXPLANATION INCLUDING THE STATE, DATES AND REASONS FOR PARTICIPATION AND TERMINATION.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration, or permit you hold? <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

5.	Have you ever voluntarily surrendered or relinquished any professional license, certification, registration, or permit during or following an investigation? (This does not include failing to renew your license or allowing it to lapse for non-disciplinary reasons.) <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6.	Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any crime, whether or not sentence was imposed, excluding traffic violations? (This includes any crime where the disposition was suspended imposition of sentence (SIS), or a suspended execution of sentence (SES) or if you pled guilty but were placed in an alternative or diversion court including drug or DWI court.) <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7.	Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any traffic offense resulting from or related to the use of drugs or alcohol, whether or not sentence was imposed? (This includes a disposition of a suspended imposition of sentence (SIS), suspended execution of sentence (SES) or placement in a post plea alternative or diversion court and includes municipal charges of driving while intoxicated, driving under the influence and/or driving with excessive blood alcohol content.) <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.	Have you ever had a judgment rendered against you based upon fraud, misrepresentation, deception, or malpractice related to your practice as a registered professional nurse? <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
9.	Do you have any condition or impairment, including a history of alcohol or substance abuse that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner? <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
10.	Are you currently participating in a substance abuse and/or alcohol or drug treatment program or been diagnosed with a substance abuse disorder which in any way currently affects or limits your ability to practice safely and in a competent and professional manner? <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE ANY DOCUMENTATION THAT SHOWS YOUR DIAGNOSIS, PROGNOSIS, AND TREATMENT PLAN.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
11.	Are you listed on any state or federal sexual offender registry? <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
12.	Have you ever been placed on an employee disqualification list or other related restriction of finding pertaining to employment within a health-related profession issued by state or federal government or agency? <b>IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Pursuant to Section 324.010 RSMo:  <input type="checkbox"/> <b>CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.</b>  <i>False statements are subject to criminal penalties and/or license discipline.</i> <b>If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail <a href="mailto:tcsincome@dor.mo.gov">tcsincome@dor.mo.gov</a>.</b>			
BEING DULY SWORN, I STATE THAT I AM THE PERSON WHO IS REFERRED TO IN THIS AFFIDAVIT FOR LICENSURE AS A REGISTERED PROFESSIONAL NURSE IN THE STATE OF MISSOURI; THAT THE STATEMENTS HEREIN ARE STRICTLY TRUE IN EVERY RESPECT; THAT I HAVE COMPLIED WITH ALL REQUIREMENTS OF THE LAW; AND THAT I HAVE READ AND UNDERSTAND THIS AFFIDAVIT.			
<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	SIGNATURE OF APPLICANT  <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		
NOTARY PUBLIC EMBOSSER SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS <div style="display: flex; justify-content: space-between;"> <span>DAY OF</span> <span>YEAR</span> </div>		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		